



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

REVOCATION OF DISSOLUTION

(Please type or print)

This may only be used if within 120 days of Dissolution

The undersigned, pursuant to the Arkansas Business Corporation Act (Act 958 of 1987), sets forth the following:

1. Corporate Name _____ .
2. Effective Date of the Dissolution _____ .
3. Date the Revocation of Dissolution was authorized _____ .

(The Revocation of Dissolution must be within one hundred twenty (120) days of the Dissolution.)

4. A. ☐ The Board of Directors or Incorporators revoked the dissolution.

or

4. B. ☐ The Board of Directors revoked the dissolution authorized by the shareholders. Such revocation was permitted by action of the board of directors alone pursuant to that authorization.

or

4. C. ☐ The shareholders revoked the dissolution: _____ .

i. Total number of votes entitled to be cast on the proposal to revoke the dissolution: _____ .

ii. Total number of votes entitled to be cast FOR the revocation of dissolution: _____ .

Total number of votes entitled to be cast AGAINST the revocation of dissolution: _____ .

or

Total number of undisputed votes cast for the revocation of dissolution: _____ .

(If voting by voting groups was required, the information in (4.C) must be provided for each group. Attach a separate sheet if necessary).

5. The number of votes cast for the Revocation of Dissolution was sufficient for approval.

Dated this _____ day of _____ , _____ .

Authorized Signature and Title